

Improving Patient Experience, Clinical Practice, and Provider Knowledge and Competence of Chronic Inflammatory Demyelinating Polyneuropathy with Online Continuing Medical Education

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Objective: To assess the influence of online continuing medical education (CME) in addressing clinician gaps on diagnosis, treatment, and management of treatment outcomes of chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) through quantitative and qualitative methods.

Background: Significant morbidity associated with CIDP underscores the need for accurate and timely diagnosis and treatment. Clinicians are challenged to differentiate CIDP from other neuropathies and manage patients with initial and long-term treatment.

Design/Methods: Two 1-hour video CME activities with slides, polling/live questions launched live-online July 27, 2017 and May 31, 2018, respectively, www.NeuroSeriesLive.com. For each activity, CME test questions were administered at 3 time points (pre-, immediate post-, 8-weeks post). Responses from CME test, polling/live, and 8-week post activity survey were analyzed to determine engagement, lessons learned, and continuing gaps. McNemar test compared matched pair responses (pre/post & pre/8wk, respectively). Effect size was computed using Cohen's d.

Results: A total of 114 out of 948 learners completed questions from all 3 time points. On average, 75% of learners reported a positive impact on patient experience after CME, and 84% reported a positive impact on clinical practice. 182 qualitative write in examples were shared by learners of post-education change in patient experience and clinical practice. Per activity, a strong majority of learners reported commitments to change in regard to: medical/practice knowledge (92%), care attitudes (88%), practice behavior (85%), and patient clinical outcomes (81%). Data from 2 competence and 2 knowledge questions all reflected statistically significant improvements. Some areas of question focus included over-diagnosis of CIDP, treatment of patients with extremity weakness, and first line treatment options for patients.

Conclusions: Online CME on CIDP can positively influence clinician commitments to change in multiple domains and reduce gaps in knowledge and competency. Ongoing education, particularly on managing treatment outcomes, is advised.